

POOR LEGIBILITY

**ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ
DUE TO THE QUALITY OF THE ORIGINAL**

SEPA
**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT**
519600
**REGION SITE NUMBER (to be assigned
ed by HQ)**
X 10206

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME General Disposal Co.	B. STREET (or other identifier) 12605 S. Marguadot		
C. CITY Santa Fe Springs	D. STATE CA	E. ZIP CODE	F. COUNTY NAME

G. SITE OPERATOR INFORMATION

1. NAME Bill Boyer	2. TELEPHONE NUMBER
3. STREET	4. CITY
5. STATE	6. ZIP CODE

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME	2. TELEPHONE NUMBER
3. CITY	4. STATE
5. ZIP CODE	6. ZIP CODE

I. SITE DESCRIPTION

1. TYPE OF OWNERSHIP	2. FEDERAL	3. STATE	4. COUNTY	5. MUNICIPAL	6. PRIVATE
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II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM		
1. HIGH	2. MEDIUM	3. LOW	4. NONE

C. PREPARED INFORMATION	1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
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III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION	1. NAME Cynthia Palmer	2. TITLE Environmental Scientist
3. ORGANIZATION Ecology & Environment, Inc.	4. TELEPHONE NO. (area code & phone) (415) 777-2811	

B. INSPECTION PARTICIPANTS	1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
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Robert W. Cibulskis	ERT, EPA-Edison, New Jersey	(201) 321-6746
Cynthia Palmer	Ecology & Environment, Inc. San Francisco	(415) 777-2811
Mark Ransom		

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME NONE	2. TITLE & TELEPHONE NO.	3. ADDRESS

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III. INSPECTION INFORMATION (Continued)**D. GENERATOR INFORMATION (Number of waste)**1. NAME: **Immigrant Camp**

2. TELEPHONE NO.

3. ADDRESS:

4. WASTE TYPE GENERATED

Frank Shankle**Anaheim, CA****E. TRANSPORTER/HAULER INFORMATION**1. NAME: **None**

2. TELEPHONE NO.

3. ADDRESS:

4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON-SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.1. NAME: **None**

2. TELEPHONE NO.

3. ADDRESS:

G. SITE OF INSPECTION (Prov., dist., & proj.)1. TIME OF INSPECTION: **1130 hrs** 1. PERMISSION 2. WARRANT**N/A off-site only****J. WEATHER (weather)****overcast****light rain****58°****IV. SAMPLING INFORMATION****A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc., and estimate when the results will be available.****N/A None Taken****B. SAMPLE TYPE**

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

II. GROUNDWATER

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

IV. SURFACE WATER

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

VI. AIR

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

VII. RUNOFF

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

I. SPILL

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

V. SOIL

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

VI. VEGETATION

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

VII. OTHER (Specify)

1. SAMPLE

2. SAMPLE SENT TO:

3. DATE RESULTS AVAILABLE

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, conductivity, pH, etc.)1. TYPE: **None**2. LOCATION OF MEASUREMENTS: **None**3. RESULTS: **None**

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IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

 1. GROUND 2. AERIAL

2. PHOTOS IN CUSTODY OF:

Ecology & Environment, Inc.

D. SITE MAPPED?

 1. YES. SPECIFY LOCATION OF MAPS

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

33° 55' 00"

2. LONGITUDE (deg.-min.-sec.)

118° 02' 15"

V. SITE INFORMATION

A. SITE STATUS

1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

2. INACTIVE (Those sites which no longer receive wastes.)

3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

 1. NO 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (In acres)

1 acre

D. ARE THERE BUILDINGS ON THE SITE?

 1. NO 2. YES (specify):

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X'	C. TREATER	X'	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed, indicating which Supplemental Reports you have filled out and attached to this form.

1. STORAGE 2. INCINERATION 3. LANDFILL 4. SURFACE IMPOUNDMENT 5. DEEP WELL
 6. CHEM/BIO/ PHYS TREATMENT 7. LANDFARM 8. OPEN DUMP 9. TRANSPORTER 10. RECYCLER/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

 1. LIQUID 2. SOLID 3. SLUDGE 4. GAS

B. WASTE CHARACTERISTICS

<input type="checkbox"/> 1. CORROSIVE	<input checked="" type="checkbox"/> 2. IGNITABLE	<input type="checkbox"/> 3. RADIOACTIVE	<input type="checkbox"/> 4. HIGHLY VOLATILE
<input checked="" type="checkbox"/> 5. TOXIC	<input checked="" type="checkbox"/> 6. REACTIVE	<input type="checkbox"/> 7. INERT	<input checked="" type="checkbox"/> 8. FLAMMABLE

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Limited - operators for several drums identifiable

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VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

4. SLUDGE AMOUNT	5. OIL AMOUNT	6. SOLVENTS AMOUNT	7. CHEMICALS AMOUNT	8. SOLIDS AMOUNT	9. OTHER AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(X) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUTICALS
(2) METALS SLUDGES	(2) OTHER (specify):	X (2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES INKS	(5) NON-FERROUS SMELTING WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')		3. TOXICITY (mark 'X')			4. CAS NUMBER	5. AMOUNT	6. UNIT
	A. SOLID	B. LIQUID	C. POWDER	D. HIGH	E. MED.	F. LOW		
Trichloroethylene		X		X				
Formaldehyde		X			X			
Hexane		X			X			
Methyl ethyl ketone	X				X			
Toluene					X			
Xylene					X			
Ethyl benzene					X			
Butyl acetate					X			

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

A. HUMAN HEALTH HAZARDS

Potential with a breach in security

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VIII. HAZARD DESCRIPTION (continued)

D. NON-WORKER INJURY/EXPOSURE

none documented/observed during inspection

E. WORKER INJURY/EXPOSURE

N/A: site currently inactive

F. CONTAMINATION OF WATER SUPPLY

none documented/observed during inspection

G. CONTAMINATION OF FOOD CHAIN

none documented/observed during inspection

H. CONTAMINATION OF GROUND WATER

none documented/observed during inspection

I. CONTAMINATION OF SURFACE WATER

potential — heavy rains could result in run off into Coyote Creek
to the west of the site, the property of LA County Flood Control District

H. DAMAGE TO FLORA/FAUNA

none documented/observed during inspection

I. FISH KILL

none documented/observed during inspection

J. CONTAMINATION OF AIR

none documented/observed during inspection

K. NOTICEABLE ODORS

Aromatic odors observable adjacent to fence periphery.

L. CONTAMINATION OF SOIL

Leaking containers and poor housekeeping practices

M. PROPERTY DAMAGE

none documented/observed during inspection

M. FIRE OR EXPLOSION

VII. HAZARD DESCRIPTION (continued)

potential exists - from contained autopaints and solvents

 N. O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

poor housekeeping - leaking containers, general disarray

 P. SEWER, STORM DRAIN PROBLEMS

none observed/documentated during inspection

 Q. EROSION PROBLEMS

none observed/documentated during inspection

 R. INADEQUATE SECURITY

none observed/documentated during inspection

 S. INCOMPATIBLE WASTES

potential exists - complete inventory would be conclusive

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VIII. HAZARD DESCRIPTION (continued)

 T. MIDNIGHT DUMPING

none documented/observed during inspection

 U. OTHER (Specify)

none

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify unit)
1. IN RESIDENTIAL AREAS	N/A	N/A	none	N/A
2. IN COMMERCIAL OR INDUSTRIAL AREAS	10-15	unknown	adjacent Bldg. 5 units	50 yds
3. IN PUBLIC OR TRAVELED AREAS	unknown	unknown	unknown	
4. PUBLIC USE AREAS (parks, beaches, etc.)	none	none	none	

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY <15 CONNECTIONS	<input type="checkbox"/> 2. COMMUNITY (village, town) >15 CONNECTIONS	
<input type="checkbox"/> 3. SURFACE WATER	<input type="checkbox"/> 4. WELL	

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X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

WELL	E. DEPTH (specify units)	F. LOCATION (proximity to population/buildings)	G. NON-COM- MUNITY (mark 'X')	H. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME

2. SEWERS

3. STREAMS/RIVERS

4. LAKES/RESERVOIRS

5. OTHER (specify)

G. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN

- A. KNOWN FAULT ZONE B. KARST ZONE C. 100 YEAR FLOOD PLAIN D. WETLAND
- E. A REGULATED FLOODWAY F. CRITICAL HABITAT G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

<input checked="" type="checkbox"/> A. OVERBURDEN	<input checked="" type="checkbox"/> B. BEDROCK (specify below)	<input type="checkbox"/> C. OTHER (specify below)
1. SAND		
<input checked="" type="checkbox"/> 2. CLAY		
3. GRAVEL		

XIII. SOIL PERMEABILITY

- A. UNKNOWN B. VERY HIGH (.000,000 to 1000 cm/sec.) C. HIGH (1000 to 10 cm/sec.)
- D. MODERATE (.10 to .1 cm/sec.) E. LOW (.1 to .001 cm/sec.) F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

1. YES 2. NO 3. COMMENTS

H. DISCHARGE AREA

1. YES 2. NO 3. COMMENTS

I. SLOPE

1. ESTIMATE % OF SLOPE 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.
n/a *south*

J. OTHER GEOLOGICAL DATA

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XIV. PERMIT INFORMATION

at all applicable permits held by the Site and provide the related information.

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

NONE YES (numbered in this space)

Local actions taken - Santa Fe Springs City Attorney declared General Disposal Co. a public nuisance, April 1980 - Property Maintenance Ordinance #569.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.